POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	15	66621	10/26	
O.I.P.E. CLASSIFIER		48	10/29/99	
FORMALITY REVIEW		(KKM)	11-5-59	

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	· · · I	Interference
	(Through numeral) Canceled	Α	Appeal
	Restricted	0	Objected

Claim	Date	Claim	Date	Claim	Date
				<u></u>	
= E h4		ا ا اقا	i	를 造	1 1 1 1 1 1
Final Original		Final Original		Final Original	
		51		110	
		52		112	
		53		113	
3 3 =	- - - - - - -	54	╌┟╌╏╌╏┈╏╶╏╌ ┪	114	
4 4 =		55	- - - - - 	115	
3 3 - 4 - 5 - 5 - 6 - 6 - 6 -			╼╁╾┼╾┼╼┼╼┼╌╁═┥	116	
6 6 =		56		117	
77=		57		118	┧╸┦┈╂┈╏┈╏┈╏
9 8 -		58			╎╎╎╸ ╏┈╋╾╂╼╂═┨
995		59		119	╄╌┧═╏┈╂═╏┈╇═┦
10 19		60		110	╏╺┩┈╿╶┩╌ ┞╾┼┈┤
		61		111	
12 12		62		112	┤╏╏ ┼┼┼┼┼┼
13 13 =		63		113	╽╸ ┧╶┧╌┤╌┤╌┼╌┼╌┤
1414=		64		114	
15		65		115	
16	 - - 1- 	66		116	
17	 - - - - - 	67		117	
18	╎╸╎╶┞╸╿┈╿╸ ┤	68		118	
19	 - - - - - - 	69		119	
	 	70	 - - - - - - 	120	
20	 		 	121	
. 21	 	71	 	122	-{-{-}{-}}-{-}-
22		72	 	123	·├─┼─┼─┼─ ┼─
23		73		124	╶╏╶╏┈╏╶╏┈╏┈╏┈╏ ┈┤
24		74			
25		75		125	┤╡╏╸╏╸╏╸╏╸╏╸
26		76		126	▗ ╏ ╺╏╸╏╸╏╸╏╸
27		77		127	
28		78		128	
29		79		129	
30	 	70		130	
31	 	81		131	
32	 	82		132	
33	 	83		133	
34	╎┝╏ ┼┼┼┼┼┤	84	 	134	
	┤╸┤╶┤╸┤╶ ┤╸	85	 	135	
35	┤ ┤ ┼┼┼┼┼┼	86	 	136	
36	 	87	┧╸┪┈╏╸ ┤┈┼╸┼╸┼	137	
37		88	┤┤┤┤	138	
38	 		╀═╁╌┼╌┼╌┼	139	┈┤╶┞╸╎┈┞╸╿┈╿╸
39	 	89	 		╶┤╎╏ ┼┼┼
40		90	 	140	╌ ╏╸╏╶╏╸╏
41		91		141	
42		92		142	
43	+ + + + + + + + + + + + + + + + + + + +	93		143	
44	 	94		144	
45		95	 	145	
	┤╸╎╺╎╸┤╶┤═ ┦	96	 	146	
46	┤╎┥ ┤	97	+++++	147	
47	┤╴┤╶├─┤╶╅╾ ┼ ╺┤ ┈┤	98	 	148	- - - -
. 48	 	99	┤┈┼┈┤┈┤┈┤┈ ┤	149	
49			╅╏╏╏	150	
50	1 1 1 1 1 1 1	100		[134]	<u> </u>

If more than 150 claims or 10 actions staple additional sheet here